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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/573,639; Conf. 9103
		Filing Date	March 28, 2006
		First Named Inventor	Ulrich Schwaneberg
		Title	A PROCESS FOR SEQUENCE SATURATION MUTAGENESIS (SESAM)
		Art Unit	1637
		Examiner Name	Pande, Suchira
		Attorney Docket No.	17074-00007-US

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith.	OR									
<input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:		23416								
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:										
<table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name	Registration Number	Name	Registration Number				
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Please recognize or change the correspondence address for the above-identified application to:

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<table border="1"> <tr> <td>Firm or Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Email</td> <td></td> </tr> </table>			Firm or Individual Name				Address				City	State	Zip		Country	Telephone	Email	
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I am the:																		
<input type="checkbox"/> Applicant/Inventor.	OR																	
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.																		
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on																		
SIGNATURE of Applicant or Assignee of Record																		
Signature	<i>Dr. Alexander Schenk</i>	Date	6/18/2010															
Name	<i>Dr. Alexander Schenk</i>	Telephone	1494212003669															
Title and Company	SeSam-Biotech GmbH <i>Managing Director</i>																	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.																		
<input checked="" type="checkbox"/> *Total of	2	forms are submitted.																